PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

									N1085-00145					
	· .	CLAIMS A	S FILED - PART I (Column 1) (C			umn 2)		SMALL E	NTITY	. OF		R THAN ENTITY		
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00		
TO	OTAL CHARGE	ABLE CLAIMS	2 € minus 20=		• 0			XS 9=		OR	XS18=	·		
INI	DEPENDENT C	CLAIMS .	φ π	ninus 3 =	. /			X43=		1	X86=	01		
Μt	JLTIPLE DEPE	NDENT CLAIM P	RESENT						1	OR		86		
* If the difference in column 1 is less than zero, enter "0" in column 2							-145=	-	OR	-290=				
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	856		
(Column 1) (Column 2) (C						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 20	Minus		0	=		XS 9=		OR	X\$18=			
	Independent		Minus	1	<u> </u>	=		X43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=				
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)								ADDII. PEE			ADDII. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PRÈVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE-		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Incependent	NTATION OF MI	Minus +++ TATION OF MULTIPLE DEPENDENT CLA		CLAINA	=		X43=		OR	X86=			
A STATE OF THE DEPENDENT CLAIM								+145=		OR	+290=			
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE	:		
								:			•			
MEN		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER . JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=			
	Independent		Minus	÷++		-		X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OP L	TOTAL DDIT. FEE			
· T	r the "Highest Num The "Highest Num	mber Previously Paid ber Previously Paid	d For" IN THIS For" (Total or	S SPACE is I Independen	less thar t) is the	i 3, enter "3," highest number		ODIT. FEE L	ropriate box					